MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE) H FORM PTO-875)

SERIAL NO. 10/550448

FILING DATE

1 harel

						. (CLAIM	S							
1	ASI	FILED	AFTER		AFTER				1	10.5		AFTER			
1				I"AMENDMENT		^{2 M} AMENDMENT			AS FILED		1"AMENDMENT		AFTER		
-	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
2	1		1	 	-		ł	51 52	 					- 441	
3		2			·			53	 						
5		2	 				1	54					·		
6	 	5	 	1				55							
7		ΰ	-					56 57							
8		\odot						<u>58</u>				· · · · · ·			
10		9 3		1) ·	59							
11		<u> </u>						60					· .		
12		W		'				61							
13	- 	<u>(v)</u>		7				63		· · · · · ·		<u> </u>			
15	+	0	 					64	<u> </u>						
16		(1)					7	66							
17	 	0						67				· ·			
19	 	. W					· •	68							
20		9						69 70							
21	 	0						71							
23		9		· · ·				72							
24		W		<u>, , , , , , , , , , , , , , , , , , , </u>			ŀ	73							
25		0		,			·	75							
26 27	 	E C					ſ	76							
28		<u></u>		``			H	77 78		<u>-</u>				>	
29 30	ļ	Q					t	79	_ ,						
31	 	(b)						80							
32		9					H	81 82							
33		\tilde{O} .					· t	83							
34 35	 	2					. [84							
36		Ü						85 86							
37							ŀ	87							
38 39.	 -							88							
40								89. 90							
41 ·							-	91							
42	 			`\				92							
44	 			'			H	93							
45							. -	94 95			-				
46								96							
47 48							[97							
49							-	98 99							
50							I	100_							
TOTAL IND.		1		1		#	. 7	OTAL IND.		4		1		1	
TOTAL DEP.	38		44.	t		•	<u></u>	TAL DEP		4		(•	
TOTAL CLAIMS	39		45					TOTAL CLAIMS			i i				
P.TO - 1360	(REV. 11/04)		BEST	- AVA	ALL AE	BLE	COPY	/			MENT of CON demark Office)			
											7	MANI	1 X		